Accident Specific-Sum Injuries Amounts

AFLAC will pay \$35-\$12,500 for:

Dislocations Burns Skin Grafts Eye Injuries Lacerations Fractures

Broken Teeth Comas Brain Concussions

Paralysis Surgical Procedures

If a covered person receives treatment for injuries sustained in a covered accident, we will pay the following benefit for the treatment listed:

1. Dislocations (reduced under general anesthesia):

Must be diagnosed by a physician within 72 hours after the date of the accident. We will pay for no more than two dislocations per covered accident, per covered person. Benefits are payable for only the first dislocation of a joint. If a dislocation is reduced with local anesthesia or no anesthesia by a physician, we will pay 25% of the amount shown for the closed reduction dislocation.

	Open Reduction	Closed Reduction
a. Hip	\$2,500	\$ 625
b. Knee or shoulder	625	250
c. Collar bone	1,000	200
d. Ankle or foot (excluding toes)	625	200
e. Lower jaw	625	325
f. Wrist or elbow	500	250
g. Toe or finger	125	65

2. Burns (treated by a physician within 72 hours after a covered accident), based on size of the body surface burned:

	2nd Degree	3rd Degree
a. Less than 20 square centimeters	\$ 125	\$ 250
b. More than 20 but less than 40 square centimeters	250	625
c. More than 40 but less than 65 square centimeters	500	1,250
d. More than 65 but less than 160 square centimeters	750	3,750
e. More than 160 but less than 225 square centimeters	1,000	8,750
f. More than 225 square centimeters	1,250	12,500

3. Skin Grafts:

If a covered person receives one or more skin grafts for a covered burn, we will pay a total of 50% of the Burn Benefit amount we paid for the burn involved.

4. Eye Injuries:

	Benefit
Surgical repair	\$300
Removal of foreign body by a physician	65

5. Lacerations requiring sutures (must be repaired within 72 hours after the accident and repaired under the attendance of a physician):

	Benefit
Laceration(s) not requiring sutures and treated by a physician	\$ 35
Single laceration less than 5 centimeters	65
Lacerations at least 5 centimeters but not more than 15	
centimeters (total of all lacerations)	250
Lacerations over 15 centimeters (total of all lacerations)	500

Refer to the policy for details, limitations, and exclusions.

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6. Fractures:

Must be diagnosed within 14 days by a physician. We will pay for no more than two fractures per covered accident, per covered person. For chip fractures and other fractures not reduced by open or closed reduction, we will pay 25% of the benefit amount shown for the closed reduction.

	Open Reduction	Closed Reduction
a. Hip	\$2,500	\$1,250
b. Leg	1,250	625
c. Hand (excluding fingers)	625	325
d. Foot (excluding toes/heel)	625	325
e. Wrist, elbow, ankle, or kneecap	625	325
f. Shoulder blade or forearm	625	325
g. Lower jaw	625	325
h. Vertebrae (body of), pelvis (excluding		
coccyx), or sternum	1,250	625
i. Upper jaw, upper arm, or face (excluding nose)	750	375
j. Rib	1,250	125
k. Nose, heel, or finger	625	125
I. Coccyx	250	125
m. Toe	250	125
n. Vertebral processes	1,250	200
o. Skull: depressed – \$1,875; simple – \$625		

8. Emergency dental work:

7. Concussion (brain):

We will pay for no more than one dental benefit per covered accident, per covered person.

	Benefit
Broken teeth repaired with crowns	\$200
Broken teeth resulting in extractions	65

9. Coma (duration of at least 7 days):

Benefit – \$12,500

Benefit – \$50

10. Paralysis (duration of least 30 days):

This benefit will be payable once per covered person.	Benefit
Quadriplegia (paralysis of four limbs)	\$12,500
Paraplegia (paralysis of lower limbs)	6,250

11. Surgical Procedures:

Treatment must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the most expensive procedure. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one procedure may be performed.

Repair of:	Benefit
Tendons and/or ligaments	\$ 625
Torn rotator cuffs	625
Ruptured discs	625
Torn knee cartilages	625
Arthroscopy without surgical repair	300
Open abdominal (including exploratory laparotomy),	
cranial, hernia, or thoracic surgery	1,250
Miscellaneous surgery requiring general anesthesia that is	
not covered by any other Specific-Sum Injury Benefit	300